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ABSTRACT

Once a school system has resolved to introduce suicide awareness education into the curriculum, many philosophical and pragmatic questions about program goals, content, and format must be addressed. This document discusses several of these issues, including: (1) who should receive suicide awareness programs; (2) who should conduct suicide awareness programs; (3) what are realistic objectives for awareness programs; (4) what specific information and skills should be taught; (5) what modifications must be made to make programs relevant to special populations; (6) what are the most effective program designs; (7) how should programs be integrated into existing school curriculum; (8) how can programs insure that trainers are adequately prepared to teach about suicide; and (9) how does suicide awareness education differ from other high risk health topics. Skills needed by parents, teachers, counselors, and students are discussed and it is recommended that suicide prevention programs begin before children reach adolescence. (NB)

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PANEL DISCUSSION

TACKLING THE TOUGH ISSUES IN SCHOOL BASED SUICIDE AWARENESS PROGRAMS. AAS Conference, Washington, D.C. 4/17/1988

PANEL II: Who, What and How: Curriculum Development and Program Content

School suicide prevention programs have not yet come of age. Perhaps they are approaching puberty trying to figure out what they are going to look like or be when they grow up. They spend a lot of time looking in the mirror searching for blemishes and do a lot of soul searching about their reasons for being. Today this panel is looking in the mirror and asking those of you in the audience to become the extended family and join this budding teenager with a critical, yet friendly eye. These school programs need both encouragement and guidance.

Once a school system has resolved to introduce suicide awareness education, many philosophical and pragmatic questions about program goals, content and format must be addressed. Some of the common perplexing decisions that must be made include:

> Who should receive suicide awareness programs? Educator, parent, support staff, administrators, students? What grade or grades should be targeted? Should all students receive training or just those considered to be a high risk?

Everyone who comes in contact with young people should be involved but at different levels and in different ways. Parents need to understand

the importance of communication with their children and learn parenting skills to help their children develop coping skills that may avert a suicide attempt. It is also important for them to know where to turn for help if they become aware that their child may be considering suicide. Teachers need to become sensitive to the suicide warning signs, their school policy and procedures in the event of a threat or attempt, and the dos and don'ts of crisis intervention. Students need to know the warning signs, how to respond to a suicidal friend and be supportive, and how to access help. Counselors need to be skilled in crisis intervention, know how to assess the risk for a suicide attempt, and be familiar with the referral system. Two suicides in the Dallas schools in the last two years have been of elementary school children. Suicide prevention programs must begin before children reach adolescence. Primary prevention of skills for living should be the major focus of any successful school suicide program. The secondary school students need to receive some awareness training and the opportunity to dispel misconceptions and break the taboo barrier of discussing suicide. High risk students need support and crisis intervention counseling which can be part of a school program but continuing therapy should be referred outside the school system.

Who should conduct suicide awareness programs? In-house school personnel, external mental health professionals, or other concerned experts.

This depends on the available resources. Suicide is not a topic that someone can attend a three-hour seminar and become an expert. If the school district is very large, it will be necessary to use school

personnel to conduct the programs. Also it is recommended to utilize what and who is available in the community. There may be a clinician from an agency or private sector, or there may be a crisis center who trains volunteer counselors, or there may be an expert at a local university counseling or psychology department. Let the expert be the trainer of trainers and remain involved as an advisor or consultant. The school counselors and psychologists can do the actual crisis intervention and teachers who have had additional training can teach a classroom curriculum bringing in discussion leaders for enrichment.

What are realistic objectives for awareness programs?

If the word "awareness" is used, the objectives would be to increase the awareness of warning signs, community resources, trends and misconceptions, and attitudes. If the program is a more comprehensive prevention effort, the objectives should include measures to reduce the risk for suicide by teaching crisis intervention skills, how to identify and assess the risk for suicide, how to support and refer possible victims. Objectives would also include measures to provide short-term grief counseling and after care services and to establish school procedures hoping to prevent further suicides. Perhaps the most important and requiring the most effort and the objectives of primary prevention in helping young children develop coping skills, self-esteem, social skills, and dealing with losses and transitions in a school climate that promotes mental health. The goal is to avoid the development of self-destructive behavior. The minimum objective for every school district would be the development of a school policy and procedures in the event of a suicide threat, attempt, or completion.

What specific information and skills should be taught?

Counselors should receive instruction in: warning signs, a model for crisis intervention, risk assessment, communication skills, crisis theory and the dynamics of suicide, referral resources, and school policy and procedures. School personnel and faculty should receive instruction in school policies and procedures, do's and don'ts of crisis intervention, and warning signs. Parents should receive instruction in communication and listening skills and community resources. Students should receive instruction in building self-esteem, dealing with loss, managing anger, making friends, communicating feelings, decision making, and consequences of behavior in addition to help in identifying and responding to peers in crises.

What modifications must be made to make programs relevant to special populations, i.e. inner city, multiethinic schools, rural systems and special services schools for physically and/or emotionally handicapped students?

The concepts of crisis intervention and suicide prevention translate to special populations. Cultural differences and minority issues must be incorporated into the training of trainers. Audio-visuals need adapting to use characters that encourage identification. Trainers need to be believable so they must be able to bridge the distance and can establish trust and rapport.

What are the most effective program designs?

Most effective programs designs:

1. Start with objectives.
2. Involve school personnel in planning and have community advisory committees.
3. Have trainers or presenters that are knowledgeable and experienced in suicidology and are skilled as trainers and facilitators of groups.
4. Address from three aspects - prevention, postvention and intervention. They are not limited to a curriculum or a one-time presentation.
5. Have evolved and adjusted from feedback and experience.
6. Are repeated as personnel changes and children grow.
7. Have built in evaluation procedure - most ideal includes outside evaluators.

How should programs be integrated into existing school curriculum?

There are many appropriate places to integrate a suicide prevention curriculum into and existing curriculum. Most Health courses have a unit on mental health and suicide information is written into the essential elements of the course. In Texas all students must take a Health class to receive a high school diploma. Thus, all students will be introduced to suicide prevention concepts if it is taught in a Health class. Other courses that may be used for suicide curriculum is in a psychology, sociology, or family living units of home economics. English teachers can examine suicide through literature themes and poetry expressions. Similar opportunities exist in art and drama.

Elementary schools already have some elements of primary prevention with programs such as Quest, DUSO, WHO, or the McGruff series. Counselors can build on curriculum that is already in place.

How should we insure trainers are adequately prepared to teach suicide?

The American Association of Suicidology can offer guidelines. The decision of what constitutes adequate credentials rests with each school district. Schools are autonomous. AAS could offer advice and recommend trainers from the speakers Bureau membership list for districts that do not have the personnel or an experienced trainer in the community. I would recommend that the state education agency develop training materials and have a specialist on staff or on a consultant basis who is available to assist local school districts.

How does suicide awareness education differ from other high risk health topics? i.e. drug and alcohol abuse, death and dying, pregnancy and sexually transmitted diseases and interpersonal violence?

There are many similarities to other self destructive behavior. The seeds of suicide begin in childhood. Developing skills for living help children and adolescents survive a crisis and develop into mentally healthy young adults to resist other kids of self-destructive behaviors as well as suicide.